OHA - Dri	•			lity Monito	• •	t Form	County:	Yamhill
				t Filtration			Month/Year:	Dec. 2024
System Name:		ty of Sherid		ID#: 41				WTP-A
Day	12 AM	4 AM	8 AM	NOON	4 PM	8 PM		ding of the Da
	[NTU]	[NTU]	[NTU]	[NTU]	[NTU]	[NTU]	¹ [NTU]	
1	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
2	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
3	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
4	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
5	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
6	OFF	OFF	OFF	OFF	OFF	OFF	(DFF
7	OFF	OFF	OFF	OFF	OFF	OFF	(DFF
8	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
9	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
10	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
11	OFF	OFF	0.070	0.090	0.125	OFF	0.125	
12	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
13	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
14	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
15	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
16	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
17	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
18	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
19	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
20	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
21	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
22	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
23	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
24	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
25	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
26	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
27	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
28	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
29	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
30	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
31	OFF	OFF	OFF	OFF	OFF	OFF	(DFF
C	al or Direct	Filtration	Monthly Summary (Answer Yes or No)					
95% of 4-hour turbidity readings ≤ 0.3 NTU? √ Yes / No					CT's met everyday? All		All Cl2 res	idual at entry
All 4-hour turbidity readings \leq 1 NTU?				√Yes/No	(see back) point ≥ 0.2 m			,
	gs < IFE ² trig		v Yes / No v Ves / No			es/No		
Notes:		9010	PRINTED NAME: Gary N Mathis					
			SIGNATURE: Dory Mathe			1/6/202		
				<u> </u>			CERT #:1275	

Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in columns 12 AM correspond to continuous readings' maximum. ² IFE = Individ. Filter Effl. (333-061-0040(1)(e)(B&C)) **PAGE 1 of 2**

	OHA - I	Drinking W	ater Progr	am - Surfa	ace Wate	er Quality D	ata Form	WTP - :	WTP-A
System Name: City of Sheridan			ID#: 41 00811		Month/Year: Dec. 2024		Disinfection Giardia Log Inactiv:	0.5	
Date	Time	Minimum Cl ₂ Residual at 1st User (C) ³	Contact Time (T)	Actual CT	Temp	рН	Required CT	CT Met? ³	Peak Hourly Demand Flow
		[ppm or mg/L]	[minutes]	СХТ	[° C]		formula	Yes / No	[GPM]
1	930AM	0.81	65	52.7	10.1	7.0	18.5	Yes	375
2	1230PM	0.34	65	22.1	11.6	6.3	13.0	Yes	400
3	230PM	1.5	65	97.5	9.9	6.4	16.5	Yes	400
4	130PM	0.97	65	63.1	10.8	6.4	15.0	Yes	375
5	1030AM	2	65	130.0	10.8	6.3	16.3	Yes	450
6	1030AM	1.09	65	70.9	9.9	6.4	16.0	Yes	375
7	1030AM	1.02	65	66.3	10.0	6.5	16.3	Yes	400
8	300PM	1	65	65.0	11.0	6.6	15.8	Yes	350
9	1015AM	2	65	130.0	9.6	6.4	17.7	Yes	300
10	915AM	2	65	130.0	9.5	6.4	18.2	Yes	350
11	1100AM	2	65	130.0	10.0	6.2	16.3	Yes	300
12	130PM	2	65	130.0	8.9	6.3	17.9	Yes	350
13	1000AM	1.27	65	82.6	9.7	6.4	16.7	Yes	400
14	1200PM	1.6	65	104.0	10.0	6.4	16.7	Yes	350
15	1000AM	0.96	65	62.4	11.1	6.4	14.8	Yes	350
16	245PM	1.12	65	72.8	10.1	6.4	15.6	Yes	400
17	1130AM	1.81	65	117.7	11.2	6.5	16.3	Yes	300
18	100PM	1.13	65	73.5	11.1	6.4	15.0	Yes	350
19	130PM	1.32	65	85.8	11.0	6.6	16.3	Yes	300
20	900AM	1.26	65	81.9	10.5	6.5	16.3	Yes	400
21	830AM	1.15	65	74.8	10.9	6.6	16.3	Yes	400
22	820AM	1.1	65	71.5	9.9	6.6	17.3	Yes	350
23	1045AM	1.5	65	97.5	9.7	6.6	17.9	Yes	400
24	1130AM	1.48	65	96.2	10.1	6.5	17.0	Yes	350
25	0930AM	1.33	65	86.5	9.7	6.6	17.5	Yes	400
26	1000AM	1.21	65	78.7	10.1	6.2	15.1	Yes	450
27	830AM	1.23	65	80.0	10.8	6.6	16.3	Yes	350
28	915AM	1.29	65	83.9	10.0	6.6	17.2	Yes	350
29	830AM	1.02	65	66.3	10.7	6.2	14.0	Yes	400
30	130PM	1.02	65	66.3	10.9	6.2	13.9	Yes	350
31	1100AM	0.81	65	52.7	10.8	6.3	14.4	Yes	400

³ If Cl_2 at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised October 2013